

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **97 SEP 11 AM 9:10**
 Pursuant to Section 53-504, Idaho Code, the undersigned, **SECRETARY OF STATE**
 gives notice of adoption of an Assumed Business Name **STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Inspired Images

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Lucinda L. Stroschein</u>	<u>3075 Geneva Dr.</u>
	<u>Idaho Falls, ID</u>
	<u>83406</u>

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208 529 4461

Lucinda L. Stroschein
3075 Geneva Dr
Idaho Falls, ID 83406

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Lucinda L. Stroschein

Printed Name: Lucinda Stroschein

Capacity: owner / sole proprietor

(see instruction # 8 on back of form)

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

09/11/1997 09:00

CK: 1796 CT: 87032 BH: 37679

1 @ 20.00 = 20.00 ASSUM NAME

D8006

Revision 2/97

9/20/97 information pms